FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S66987** **(6)**

1. Corporation Name
FIFTEEN SOUTHEAST, INC.

Principal Place of Business
150 BROADWAY
SUITE 1001
NEW YORK NY 10038
US

Mailing Address
150 BROADWAY
SUITE 1001
NEW YORK NY 10038
US

3. Date Incorporated or Qualified: 07/15/1991
3a. Date of Last Report: 09/21/1995

2. Principal Place of Business
21 c/o Grover + Bloch, P.C.
Suite, Apt. #, etc.
22 3 New York Plaza, 14TH Flr.
City & State
23 New York, NY
Zip 24 10004 Country 25 USA

2a. Mailing Address
26 c/o Grover + Bloch, P.C.
Suite, Apt. #, etc.
27 3 New York Plaza, 14TH Flr.
City & State
28 New York, NY
Zip 29 10004 Country 30 USA

4. FEI Number: 65-0274115 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☒ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
SANDERS, STEVEN
2996 MYRTLE OAK CIRCLE
DAVIE FL 33328

10. Name and Address of New Registered Agent
81 Name: NO CHANGE
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Ian Sanders — Vice President — 4/28/96
Signature, typed or printed name of registered agent, and title if applicable — Registered Agent's signature required after resigning — DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	SANDERS, MARK	
STREET ADDRESS	400 EAST 54TH ST. #11-A	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	STD	☒ DELETE
NAME	SANDERS, LISA	
STREET ADDRESS	400 EAST 54TH ST. #11-A	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	VD	☐ DELETE
NAME	SANDERS, IAN S	
STREET ADDRESS	795 LEXINGTON AVE, 4-R	
CITY-ST-ZIP	NEW YORK NY 10021	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VSTD	☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	c/o Grover + Bloch, P.C., 3 New York Plaza,	
1.4 CITY-ST-ZIP	14TH Floor, New York, NY 10004	
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME	[redacted]	
2.3 STREET ADDRESS	delete as officer/director	
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ian Sanders — 5/31/96 — 212.574.8400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)